

and should be laid aside. 5. That lithotripsy is a valuable operation in cases in which a stone cannot be safely removed by rapid urethral dilatation—that is, when the stone is very large, and when the bladder is healthy; and that it is the best practice to remove the broken fragments by the forceps as speedily as possible. 6. That vaginal lithotomy is an operation of value when the other modes of operation are inapplicable; but that, as a general practice, it is not required.

Mr. HENRY THOMPSON regarded the paper as a valuable contribution to practical surgery, because it was impossible for any one surgeon to come to logical conclusions respecting the best mode of treating these cases from his own experience alone, stone in the female being, comparatively speaking, a rare affection. Mr. Bryant had contrasted the method of rapidly dilating the urethra by means of Weiss's instrument with that of slowly dilating it by sponge tents. It might be regarded, perhaps, as generally agreed that the latter method was not a desirable one. This left for consideration the treatment by lithotripsy, by incisions, and by rapid dilatation, as well as that in which the two latter were combined. With regard to lithotripsy, although he approved of it for stones of moderate size, he was quite sure that all who had attempted to remove a large stone at one sitting by this means encountered difficulties and risks of no ordinary kind. The bladder soon became empty, and the manipulation and removal of large, sharp, and angular fragments in that condition he considered a very hazardous proceeding, and one which probably involved more damage to the urethra, to say nothing of the bladder, than the removal of a good-sized stone entire. He was not quite sure whether the combination of incision with some dilatation had received all the attention it merited. For large stones he could speak in high terms of its value. This might be illustrated by briefly referring to a case which had occurred in his own practice two months ago. He had been called by Dr. Ashurst, in Kent, to see a lady, aged 77 years, who had suffered very severely from the presence of a large calculus. She was placed under chloroform. Mr. Thompson then dilated the urethra so as to admit the left finger easily; and having thus examined the stone, and found that it was too large to pass by any dilatation he thought proper to employ, he made an incision downwards in the median line, using the index finger as a director, and divided mainly the floor of the urethra and soft parts beneath, after the manner recommended by Mr. Fergusson, incising only very slightly the neck of the bladder. Having done this he extracted, slowly and carefully, a stone $2\frac{1}{4}$ inches long by $1\frac{3}{4}$ inches wide, and weighing nearly $2\frac{1}{2}$ ounces. He then introduced Marion Sims's vaginal speculum, and closed the incision by metallic suture, as when operating for vesico-vaginal fistula. The result was perfect. The patient, notwithstanding her age, was now perfectly well, walking about, and retaining her urine for three hours with ease. For very large calculi he should prefer again to adopt this method to that of trusting solely to the large amount of unaided dilatation which would be required.—*Med. Times & Gaz.*, May 7, 1864.

24. *Fibrous Tumours of the Uterus Treated by Surgical Means.*—MR. BAKER BROWN, in a paper read before the Obstetrical Society of London (Feb. 4, 1864), reminded the members that on December 7, 1859, he had read a short paper on this subject, containing a case of fibrous tumour of the uterus treated successfully by surgical means. Also on March 6, 1861, he had read a second paper on the same subject, giving six cases, four of which were cured, one was relieved, and one died. The object of the present paper was to confirm the practice previously advocated, by fourteen more cases, and at the same time to show that in most cases a very modified surgical treatment was sufficient; for whereas Mr. Brown had hitherto divided his operation into two parts—viz., first preliminary incision of the os and cervix; and, secondly, gouging or breaking up the tumour; he now finds that the first step will always arrest the hemorrhage and the development of the tumour. In some cases the tumour decreases, and when small it will entirely disappear, more especially if of recent origin; and even when gouging is required a much slighter operation is sufficient. Mr. Brown, therefore, now never uses "Harper's instrument," but only a pair of long-handled, blunt-pointed, curved scissors. The author entered minutely into the mode of operating, and laid great stress on carefully and thoroughly plugging the in-

cisions and whole vagina with oiled lint after the operation, as on this point depended the chances of hemorrhage, and exposure to air, and consequent hysteritis, and even peritonitis. Mr. Brown then read fourteen cases occurring in the London Surgical Home, illustrative of his remarks. Of these fourteen, ten were cured of the hemorrhage by the incision of the os and cervix uteri alone, and one was relieved; in two only was it necessary to perform the second operation, both resulting in cure of the tumour; in six cases the tumor had either entirely disappeared or materially decreased after incision alone. Of the three deaths, one had occurred from peritonitis, resulting from exposure to cold and the restlessness of the patient; one from organic disease, independent of the operation; and one from pyæmia. Out of between twenty and thirty cases occurring in his private practice, the author stated that he had had one death, in a patient whose case was complicated with hematocele, and that in his public practice he had had as many more as were now given, with no more deaths. The following practical conclusions were drawn: 1. That the fact of the curability of these tumours is materially confirmed by these cases. 2. That it is not necessary in many cases to do more than incise the os and cervix, thereby lessening the danger of the operation. 3. That the hemorrhage is almost invariably arrested by the incision of the os and cervix. 4. That the cure of these fibrous or fibroid tumours by surgical means, without the danger of enucleation, is now firmly established, as proved by Dr. McClintock, Dr. Routh, Dr. Dawson, of Newcastle-upon-Tyne, as well as by himself (Mr. Brown).

Mr. Brown stated that care was taken to prevent the incisions in the os and cervix from uniting. The oiled lint in the first instance, and the injections afterwards, generally prevented union; but if any bands of lymph were thrown out, he always broke them down with the finger. He had never seen a case in which the patient had been confined after the operation, but it was only reasonable to infer that parturition would be accelerated after these incisions; for in the case of a primiparous woman, where the os is torn, the subsequent labours are always exceedingly quick. As to the *rationale* of the operation, Mr. Brown had avoided the question, for fear of giving too wide a field for discussion. He thought the action was twofold. The tumours were of very low vitality, and the slightest interference with them stopped their growth. Thus, in the first place, the initiatory bloodvessels were cut through by incising the os and cervix; and, secondly, the tumour was grasped more firmly by the contraction of the uterus, which always takes place after the os is incised; and thus the tumour was confined, could not grow, and often died. He was obliged to Dr. Routh for alluding to the authenticity of his (Mr. Brown's) cases, as some doubt had on more than one occasion been thrown on the subject. He could only repeat that his practice at the London Surgical Home was open to every member of the profession. He had only given cases where severe hemorrhage was present as the most urgent symptom, and in almost all the cases which came to him, the patients had been previously treated without success.—*Med. Times and Gaz.*, March 19, 1864.

25. *Traumatic Tetanus treated by Nicotine*.—Dr. W. OGLE relates (*Med. Times and Gaz.*, March 12, 1864) a case of traumatic tetanus in which he administered nicotine, but without averting a fatal termination.

26. *Utility of Aloes in the Treatment of Wounds*.—*Formula of an Aloetic Tincture for external use*.—Aloes is one of the oldest medicines; it enters into a great number of formulas, some of which have been famous for a long time (*Elixir de longue vie*, Paracelsus *Elixir*), and others, some of which still continue to have a certain amount of credit (Garus's *elixir*, *antecibus pills*, &c.). Their number can be conceived on looking over the long list Jourdan gives of them in his *Universal Pharmacopœia*, where, however, the whole of the aloetic formulas are not given. It is, therefore, one of those medicines whose properties are known and appreciated, and about which it would seem there is little to be said. It is scarcely used now-a-days but internally, while it was previously used as much externally as internally. It is not, therefore, useless to recall to